

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130777

FILED
Jan 31, 2007
Secretary of State

Entity Name: CANAIMA ORCHIDS, CORP.

Current Principal Place of Business:

720 SOUTH ORANGE AVE.
SARASOTA, FL 34236 US

New Principal Place of Business:

6635 SIM BARCO RD
PALMETTO, FL 34221 US

Current Mailing Address:

720 SOUTH ORANGE AVE.
SARASOTA, FL 34236 US

New Mailing Address:

P.O. BOX 239
ELLENTON, FL 34222 US

FEI Number: 20-0160694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, TIMOTHY S
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: FONTECHA, LILIA
Address: 720 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236 US

Title: PS () Delete
Name: SINN, MICHAEL
Address: 720 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SINN

PS

01/31/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date